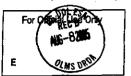
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 _ABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U-	2. Fiscal Year Covered From:
5201	1 / 2 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Charles Asset A Fickert Charles	Name PACE 18ca 2=0086 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -
	Labor Organization File Number 313+042
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 86 Connad Road	Street 109 N. 2nd Street 14
City A Durtas - A Such Tarks	City North Wales September 1988
State PA ZIP Code +4 1.8011	State PA ZIP Code + 4
5. Position in labor organization. President: PACE loca	2-0086

Enter appropriate data below if, during the past fiscal year; you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Code + 4	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Charles Ficket

On *1130*

Date

Telephone Number

Name of Person Filing Charles Fickert		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name International Foundation of Employee Health Plan Trade Name, if any: P.O. Box, Bidg., Room No., if any Street IS/OU N Bluemond Road City Brookfield State Wisconsin ZIP Code +4 06040 10. If 9.b. or 9.c. is checked give trust or employer's name. Name PACE Local 2-86 H&W Plan Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 601 Dresher Road City Horsham State PA ZIP Code +4 06040	11.b. Approximate dollar value 12.a. Nature of interest held Received necrisis 4-day conference becombes a trian	educational services to and to their liustees.	
C. Received from any employer (other than an employer covered unde			
or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant 14.a. Nature of payment.			
(including trade name, if any). Name	# 00 00 00 77 5 00 2 12 12 12 12 12 12 12 12 12 12 12 12 12		
P.O. Box, Bldg., Room No., if any Street	Anna de la companya d		
City State ZIP Code + 4			
40 b 1 th Duck	14.b. Amount of payment.		

13.b. Is the Business an Employer

· · ·	
Name of Person Filing Charles Fickert	File Number U-
B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Independence Bille Cross Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name PACE Local 2786 H&N Plan Trade Name, If any: P.O. Box, Bidg., Room No., if any Street 601 Presher Road City Honshatti	11.a. Nature of such dealing. Provides health trare benefits to Plan Dartic parts. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest heid or income received. My wrife and a attended a dinner as quests. Di IBI ser December 2 2004 min in a kenetits on Ference in New Arileans.
	12.b. Amount.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	14.a. Nature of payment.
City	

14.b. Amount of payment.

13.b. is the Business an Employer

State ZIP Code + 4

Name 0	of Person	Filina	Charles	Fickont
HOURS			Lharies	FICKERT

File Number U-

B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actually any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or ndirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Freedman & Lorry, P.C.	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bidg., Room No., if any	b. Trust c. Employer
Street 400 Market Street, 9th Floor	t. Enipoye
City Print ade phia 22 4	
State ZiP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name PACE LUCAL 2-85 H&W P1&n	Freedman & Lorry are legal counsel to the
Trade Name, if any:	And the second of the second o
P.O. Box, Bidg., Room No., if any	
Street 601 Dresher Road	
City Horsham	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
State PA ZIP Code + 4 TOPA1	My wife and I autended a graner as guests
	of Erecoman & Logryton December 1, 2004 during a benefic econference in New Orleans:
	12.b. Amount. 5 120 00
C. Received from any employer (other than an employer covered unde	r parts A and B above)
or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	

14.b. Amount of payment.

Form LM-30 (2003)

13.b. Is the Business an Employer

State ZIP Code + 4

Name of Person Filing Charles Fickert		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion	
10. If 9.b., or 9.c. is checked give trust or employer's name. Name PACE LOCAL 2-86 Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 109 N 2nd Street City North Walles State PA ZIP Code +4 19454	11.a. Nature of such dealing Freedman & Lor 1.0. The Loca 1.0. 11.b. Approximate dollar value 12.a. Nature of interest held CAY I STM a S (97.7).	ry, P.E. are legal course! nion. e of such dealing. S123,517.00 or income received.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street	r parts A and B above) or other thing of value. 14.a. Nature of payment.		
State ZIP Code + 4			

14.b. Amount of payment.

13.b. Is the Business an Employer